

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Gila</u>		BUREAU OF VITAL STATISTICS	State Index No. <u>138</u>
District of _____		ORIGINAL CERTIFICATE OF BIRTH	Co. Registrar No. <u>692</u>
Town of <u>Miami</u>		Local Registrar No. _____	
or			
City of _____		No. <u>724 Church Hill</u> St. _____ Ward _____	
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>Cruz</u>		If child is not yet named, make supplemental report, as directed	
3. Sex of child <u>male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other.	5. No., in order of birth.
6. Legitimate? <u>yes</u>	7. Date of birth <u>December 26, 1922</u>		(Month, day, year)
8. Full name of FATHER <u>Jos. Cruz</u>		14. Full maiden name of MOTHER <u>Pamposa Ybarra</u>	
9. Residence (Usual place of abode) <u>Miami, Ariz.</u>		15. Residence (Usual place of abode) <u>Miami, Ariz.</u>	
If nonresident, give place and State		If nonresident, give place and State	
10. Color or race <u>Mexican</u>	11. Age at last birthday <u>28</u> (Years)	16. Color or race <u>Mexican</u>	17. Age at last birthday <u>18</u> (Years)
12. Birthplace (city or place) <u>Mexico</u>		18. Birthplace (city or place) <u>Mexico</u>	
(State or country)		(State or country)	
13. Occupation <u>miner in Copper mine</u>		19. Occupation <u>Housewife</u>	
Nature of Industry		Nature of Industry	
20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.)		(a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>10 P.</u> m. on the date above stated.			
(Born alive or stillborn)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.		Signature <u>J. J. Miller</u>	
		(Physician or midwife)	
Given name added from supplemental report <u>039-1286-781</u> (Month, day, year)		Address <u>Miami</u>	
		Filed <u>12/27/22</u> , 19 <u>22</u> <u>B. W. Hardy by C. E. Brown</u> Filed <u>1-5-</u> , 19 <u>23</u> <u>P. B. S. J. A.</u>	
Registrar. * <u>Born alive. Died few minutes later. asphyxia neonatorum.</u>		County Registrar.	